

2014 Online Scheduler



November 12, 2013

Login Screen



2014 Biometric Health Screenings

Required for EMPLOYEES and SPOUSES enrolled in the 2014 Partnership PPO

1

Register below for an onsite screening or physician screening form.



Register Now ▾

2

Complete your onsite screening or physician screening form.



2014 Biometric Screening Options:

Register for a Worksite Screening or Print a Physician Screening Form. All members (EMPLOYEES AND COVERED SPOUSES) enrolled in the Partnership PPO must complete a biometric screening by July 15, 2014. You can register

for a worksite screening or print a physician screening form below. 2014 New hires/newly covered members have 120 days from their insurance coverage effective date to complete the biometric screening.

Register for your Screening ▾

Registration

Complete the information in the box below. Then, click Save & Continue.

Member ID	<input type="text"/>	<input type="radio"/> Employee <input type="radio"/> Spouse
Email Address (optional)	Birthday	
<input type="text"/>	mm <input type="text"/> dd <input type="text"/> yyyy <input type="text"/>	
	Gender	
	<input type="radio"/> M <input type="radio"/> F	
<input type="button" value="Save & Continue"/>		

Looking for Help?



1-888-741-3390

Choose Option 1 to speak to a Customer Service Representative

Login Screen

2014 Biometric Health Screenings

Required for EMPLOYEES and SPOUSES enrolled in the 2014 Partnership PPO

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Register for your Screening ▾

Screening Form. All members (EMPLOYEES AND COVERED SPOUSES) enrolled in the Partnership PPO must complete a biometric screening by July 15, 2014. You can register

below 2014 New hires/newly covered members have 120 days from their insurance coverage effective date to complete the biometric screening.

Register for your Screening ▾

Registration

Complete the information in the box below. Then, click Save & Continue.

Member ID	<input type="text"/>			<input type="radio"/> Employee <input type="radio"/> Spouse
Email Address (optional)	Birthdate	Gender		
<input type="text"/>	mm / dd / yyyy	<input type="radio"/> M <input type="radio"/> F		
<input type="button" value="Save & Continue"/>				

Looking for Help?



1-888-741-3390

Choose Option 1 to speak to a Customer Service Representative

Login Screen - Registration

Registration

Complete the information in the box below. Then, click Save & Continue.

Member ID ⓘ	<input type="text"/>	<input type="radio"/> Employee <input type="radio"/> Spouse	
Email Address (optional)	<input type="text"/>	Birthdate	Gender
		mm <input type="text"/> dd <input type="text"/> yyyy <input type="text"/>	<input type="radio"/> M <input type="radio"/> F
<input type="button" value="Save & Continue"/>			

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2014 Biometric Screening Options:

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		mm <input type="text"/> dd <input type="text"/> yyyy <input type="text"/>	<input type="radio"/> M <input type="radio"/> F
<input type="button" value="Save & Continue"/>			




Looking for Help?



1-888-741-3390

Choose Option 1 to speak to a Customer Service Representative

Screening Options – Physician Screening Form





REGISTER FOR A SCREENING

LOG OUT

REGISTER FOR A HEALTH SCREENING


Choose only ONE option below



Physician Screening Form

Screening results accepted from a doctor's visit between July 16, 2013, and July 15, 2014.

[Download Your Form Now](#)




Onsite Screening

Worksite screenings are taking place February 1 – July 15, 2014 across the state. Register for yours today.


[Choose Screening](#)

Screening Option Tips:		
	Print form. Measure and record your waist circumference on the form.	Select a screening location, time and date.
	Fast 9 hours before your doctor's appt.	Fast for 9 hours before your screening appt. time.
	Take the form to your appt.	Arrive to your screening appt. time 15 minutes early.
	Tell your doctor that all form fields must be completed. Incomplete forms will not be processed.	Review results with an onsite health care professional.
	Make sure you and your doctor sign the completed form.	Onsite screening results will be sent to Healthways.
	You or your doctor must fax the completed form to 1.214.203.0395	



Your Partnership Promise

If you or your covered spouse fail to fulfill any requirement of the 2014 Partnership Promise, you and your dependents will be transferred to the Standard PPO in 2015. In 2014, all Partnership PPO members must complete a biometric screening by July 15, 2014. [Click here to view the 2014 Partnership Promise.](#)



Looking for Help?

[1-888-741-3390](#)

Choose Option 1 to speak to a Customer Service Representative

Physician Screening Form - Confirmation Page

Annual Physical

2 Confirmation

Confirmation

Physician Screening Form

Looking for Help?
1-888-741-3390
Choose Option 1 to speak to a Customer Service Representative

Preparation

Step 1

Print Paperwork

Click to download form here

*

Complete & Submit the Form

*Make an appointment with your doctor. Or, if you have already attended a doctor's appt. and had blood work completed, have your doctor complete and sign the form. Submit the completed form by July 15, 2014. 2014 New hires/newly covered members have 120 days from their insurance coverage effective date to complete the biometric screening.

*

Remember to Fast

*Remember to fast 9 hours prior to your appointment. Drink plenty of water, and if you choose to have coffee or tea, make it black.

*


Make Sure Your Form is Submitted

*You or your doctor must fax the completed form to 1.214.203.0395. Make sure all form fields are completed. Incomplete forms will not be processed.


Registration Complete

Change your mind? [Cancel](#)

Physician Screening Form – Download and Print



**PRIMARY CARE PHYSICIAN
BIOMETRIC SCREENING FORM**



53287

Employee/Member ID _____ **MRN** _____ - _____

UPPERCASE ONLY and stay within the lines

First Name _____ **Middle Initial** _____

Last Name _____

Email Address _____

Street Address _____

City _____ **State** _____ **Zip Code** _____

DOB (MM/DD/YYYY) _____ **Phone** _____ - _____ - _____

Gender ☐ Male ☐ Female

I consent to participate in Healthways' Health Risk Screening and Support Program (the "Program"), which may include providing biometric measurements such as weight and blood pressure, disclosing laboratory results from a recent blood test with my personal physician, and/or completing an on-line or written Well Being Assessment. I understand that my participation in the Program is voluntary and that I am not required to participate as a condition of employment or of enrollment in my health plan. I understand and consent to my personal physician providing to Onsite Health Diagnostics, LLC on behalf of Healthways results from a blood draw and laboratory analysis performed by my physician within the past twelve (12) months for the tests listed below. I agree to associate any authorization form required by my physician prior to disclosing my results to Healthways. Such results will include lipids (cholesterol and components) and blood glucose measurements in addition to blood pressure, height, weight and waist.

I consent to Healthways providing me with a report (either on-line or in writing) of my Program results and, if applicable, periodically providing me with follow-up educational materials and information relevant to my Program results. The laboratory results reflected in my report are for informational purposes only and are NOT a medical diagnosis. I understand that the Program is sponsored by my employer or benefits provider. If an incentive is implemented as part of the Program, I consent to Healthways informing my Sponsor only whether or not I qualify for such incentive based upon my participation in the Program. I understand that if I do not elect to provide such consent, I may not qualify for such incentive. I understand that my individual health data will be used by Healthways and will be treated as confidential in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Individual health information will be shared between my physician or care provider and Healthways however not be shared with my employer. I understand that Healthways will not disclose my individual health information to my employer. Aggregated data (i.e., data with no individual identifiers) on all participants, however, may be shared with employer. I understand that my employer or benefits provider may from time to time offer enrollees other health and wellness services and programs (collectively, "Other HealthW ellness Programs"), such as employee assistance and/or disease management programs.

I consent to the disclosure by Healthways of my wellness screening results and/or other personal health information that identifies me to Other HealthW ellness Program providers so that they may contact me for the purpose of addressing my particular health/wellness needs. I understand that Healthways and/or my employer or benefits provider will require such Other HealthW ellness Program providers to agree to maintain the confidentiality of any wellness screening results and/or other personal health information provided to them by Healthways in accordance with the applicable regulations under HIPAA. I understand that if I do not want Healthways to disclose my wellness screening results and/or other personal health information to Other HealthW ellness Program providers sponsored by my employer or benefits provider, I must notify Healthways in writing at: Healthways, Inc., 701 Cool Springs Blvd., Franklin, TN 37067, Attn: Screening Operations.

I understand that this consent will remain in effect for as long as I participate in the Program, and that I am entitled to a copy of this consent. I may revoke this consent at any time by notifying Healthways in writing, to the extent Healthways has not already relied on this consent.

Participant's Signature _____ **Today's Date (MM/DD/YYYY)** _____

FOR PHYSICIAN OR OFFICE STAFF USE ONLY BELOW THIS LINE

Height _____ ft _____ inches **Blood Pressure - Systolic** _____ mm Hg **HDL** _____ mg/dl **Fasting** ☐ Yes ☐ No

Weight _____ pounds **Blood Pressure - Diastolic** _____ mm Hg **LDL** _____ mg/dl

Waist _____ inches **Glucose** _____ mg/dl

BMI _____ **Total Cholesterol** _____ mg/dl

☐ I certify these values are correct **Triglycerides** _____ mg/dl

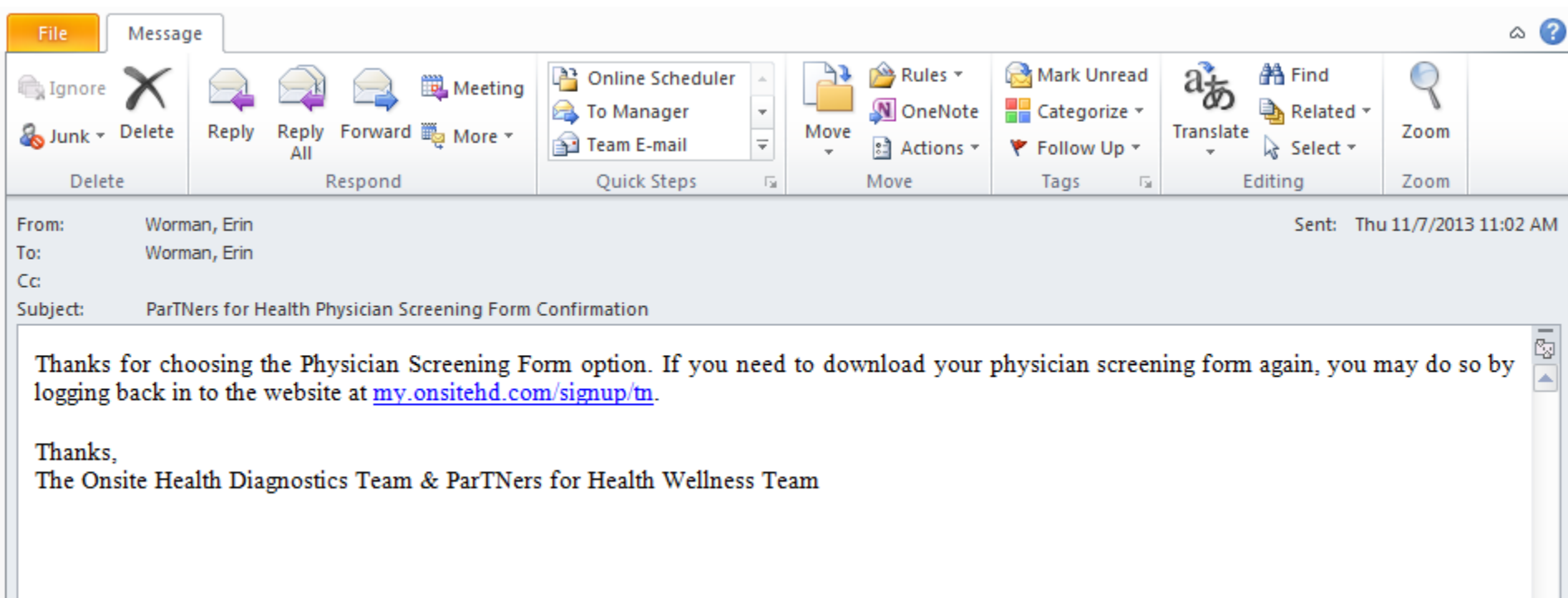
Physician's Signature _____

Date of Exam (MM/DD/YYYY) _____




Facility Stamp _____

Please fax this form to (214) 203-0395. If you have any questions regarding this form, please call (877) 366-7483.

Physician Screening Form - Confirmation Email




Physician Screening Form - Registration Complete




[MANAGE MY SCREENING](#)[LOG OUT](#)

MANAGE YOUR HEALTH SCREENING

Choose only ONE option below





Physician Screening Form


Screening results accepted from a doctor's visit between July 16, 2013, and July 15, 2014.

✓ Selected

Cancel

Your Choice

Change to This Option



Onsite Screening

Worksite screenings are taking place February 1 – July 15, 2014 across the state. Register for yours today.

Change to This Option

Thank you for registering for your 2014 biometric screening.

If you need to change your screening option, download and re-print your physician form or reschedule your onsite screening appointment, revisit the site any time, and you will be returned to this page.

To Log Back In:

1. Visit the site: my.onsitehd.com/signup/tn
2. Fill out the registration form again

Preparation

Print Paperwork

Step 1

Click to download form here or print later from the confirmation email

Complete & Submit the Form

★

*Make an appointment with your doctor. Or, if you have already attended a doctor's appointment, have your doctor complete and sign the form. Submit the completed form by July 15, 2014. Non-Healthways covered members have 120 days from their insurance coverage effective date to complete the biometric screening.

Remember to Fast

★


*Remember to fast 8 hours prior to your appointment. Drink plenty of water, and if you choose to have coffee or tea, make it black.

Make Sure Your Form is Submitted

★

*You or your doctor must fax the completed form to 1.214.263.6395. Make sure all form fields are completed. Incomplete forms will not be processed.

9

 HEALTHWAYS

Physician Screening Form - Cancellation



MANAGE MY SCREENING

LOG OUT

MANAGE YOUR HEALTH SCREENING

Choose only ONE option below



Physician Screening Form

Screening results accepted from a doctor's visit between July 16, 2013, and July 15, 2014.

✓ Selected

Cancel

Your Choice



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Preparation

Print Paperwork

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Complete & Submit the Form

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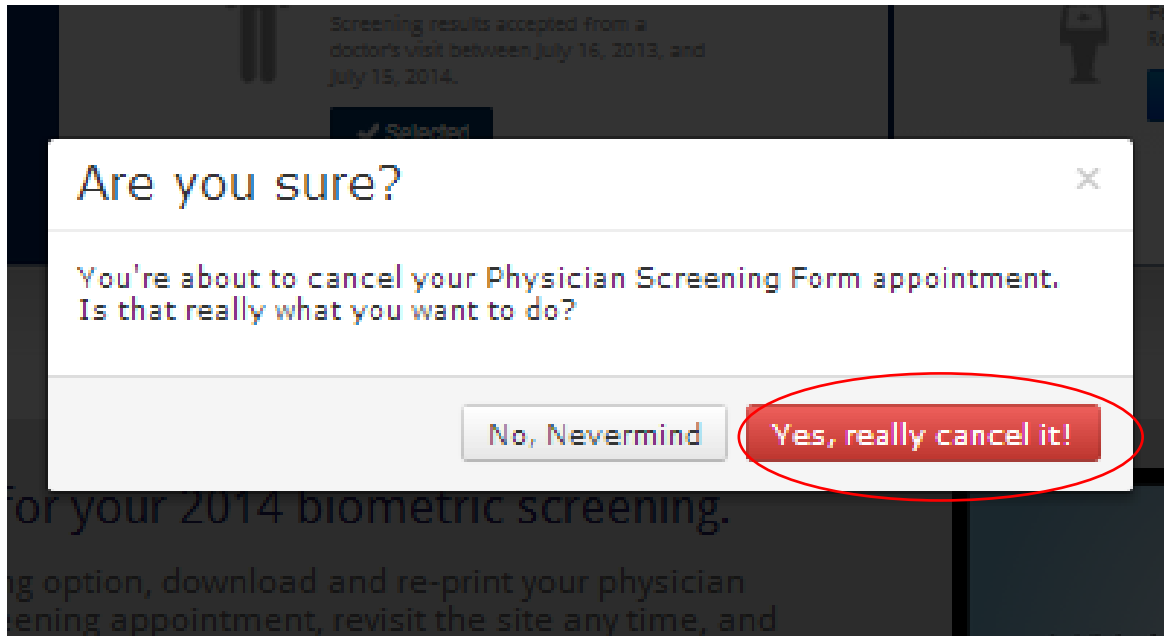
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Physician Screening Form - Cancellation




Screening Options – Onsite Screening






[REGISTER FOR A SCREENING](#)
[LOG OUT](#)

REGISTER FOR A HEALTH SCREENING

Choose only ONE option below






Physician Screening Form

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[Download Your Form Now](#)




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Looking for Help?



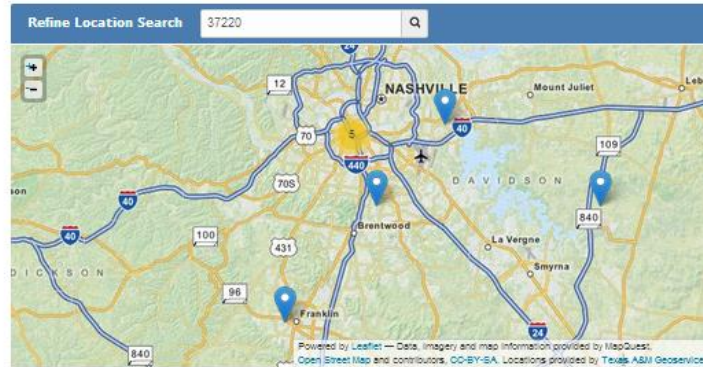
1-888-741-3390

Choose Option 1 to speak to a Customer Service Representative

Onsite Screening - Map

Find a Screening Location Near You:

Enter your preferred zip code below. Use the zoom function below to adjust the map as needed.



Map Legend

-  = 1 screening location
-  = cluster of screening locations
*Click to zoom & see individual locations

Looking for Help?



1-888-741-3390

Choose Option 1 to speak to a Customer Service Representative

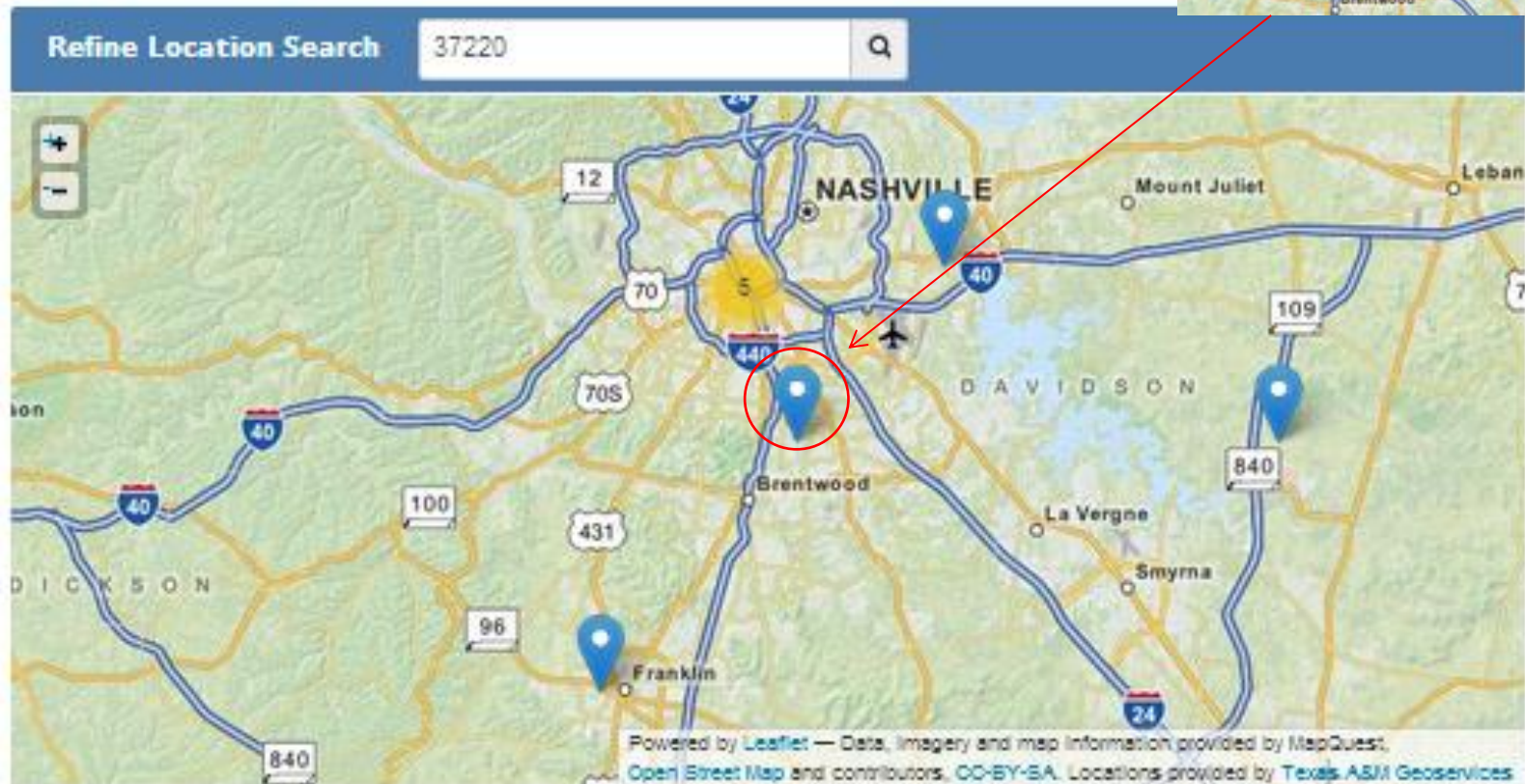
Pick A Date & Time

📍 Andrew Jackson State Office Bldg						
Apr 15, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	⬅ more times ➡
📍 Dept Of Agriculture - Ellington AG Center						
Apr 16, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	⬅ more times ➡
📍 Dept of Children's Services						
Apr 17, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	⬅ more times ➡
📍 Legislative Plaza						
Apr 18, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	⬅ more times ➡
📍 Middle TN Mental Health						
Apr 18, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	⬅ more times ➡
📍 Nashville State Community College						
Apr 18, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	⬅ more times ➡
📍 Parkway Towers						
Apr 19, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	⬅ more times ➡
⬅ More Locations ➡						

Onsite Screening - Map

Find a Screening Location Near You:

Enter your preferred zip code below. Use the zoom function below to adjust the map as needed.

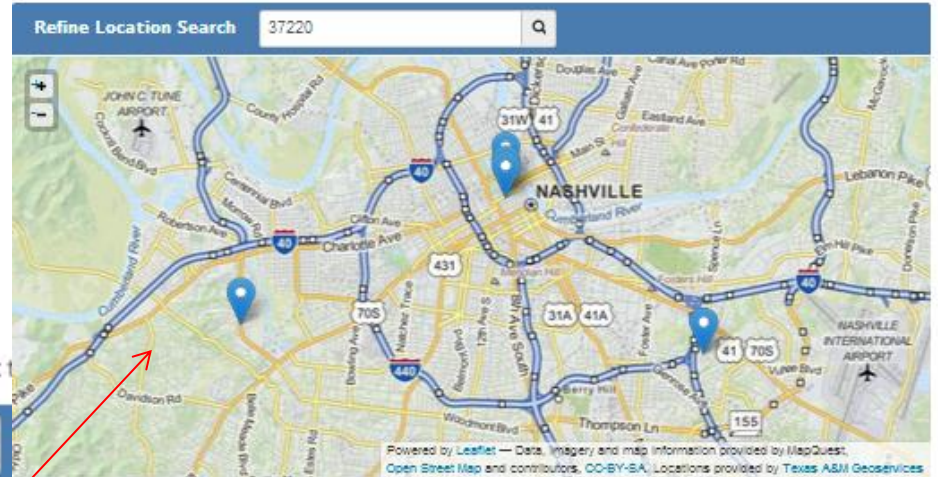


Onsite Screening - Map

Find a Screening Location Near You:

Enter your preferred zip code below. Use the zoom function below to adjust

Refine Location Search 37220



Onsite Screening – Select Day/Time & Schedule

Find

Enter y

Ref

Choose A Date & Time

📍 Andrew Jackson State Office Bldg

Apr 15, 2014

7:00 am

7:15 am

7:30 am

7:45 am

8:00 am

⌂ more times ⌂

You selected: Apr 15, 2014 at 7:00 am

[Schedule](#)

Pick A Date & Time

📍 Andrew Jackson State Office Bldg

Apr 15, 2014

7:00 am

7:15 am

7:30 am

7:45 am

8:00 am

⌂ more times ⌂

📍 Dept Of Agriculture - Ellington AG Center

Apr 16, 2014

7:00 am

7:15 am

7:30 am

7:45 am

8:00 am

⌂ more times ⌂

📍 Dept of Children's Services

Apr 17, 2014

7:00 am

7:15 am

7:30 am

7:45 am

8:00 am

⌂ more times ⌂

📍 Legislative Plaza

Apr 18, 2014

7:00 am

7:15 am

7:30 am

7:45 am

8:00 am

⌂ more times ⌂

📍 Middle TN Mental Health

Apr 18, 2014

7:00 am

7:15 am

7:30 am

7:45 am

8:00 am

⌂ more times ⌂

📍 Nashville State Community College

Apr 18, 2014

7:00 am

7:15 am

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8:00 am

⌂ more times ⌂

📍 Parkway Towers

Apr 19, 2014

7:00 am

7:15 am

7:30 am

7:45 am

8:00 am

⌂ more times ⌂

⌂ More Locations ⌂

Onsite Screening - Confirmation Page

Confirmation

Onsite Screening

Date/Time: Apr 15, 2014 7:00 AM (CDT)

Company/Site: ANDREW JACKSON STATE OFFICE BLDG: 500 DEADERICK STREET, NASHVILLE, TN 37243, USA

Preparation

Add Appt. to Your Calendar

Step
1

■ To add an appointment reminder to your calendar click here.

Remember to Fast



* Remember to fast 9 hours prior to your appointment. Drink plenty of water, and if you choose to have coffee or tea, make it black.

After the Screening

After the Screening



* Review your results with an onsite health care professional.

Registration Complete

[Change your mind?](#) [Reschedule](#) | [Cancel](#)

Onsite Screening - Confirmation Page

Confirmation

Onsite Screening

Date/Time: Apr 15, 2014 7:00 AM (CDT)

Company/Site: ANDREW JACKSON STATE OFFICE BLDG: 500 DEADERICK STREET, NASHVILLE, TN 37243, USA

Confir

Onsite
Date/
Comp
37243, USA

Preparation

Add Appt. to Your Calendar

Step
1

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Remember to Fast

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After the Screening

After the Screening

*

*Review your results with an onsite health care professional.

Registration Complete

Change your mind? [Reschedule](#) | [Cancel](#)

Onsite Screening – Calendar Reminder

Preparation

Add Appt. to Your Calendar

Step 1

To add an appointment reminder to your calendar click here.

Remember to Fast



*Remember to fast 9 hours prior to your appointment. Drink plenty of water, and if you choose to have coffee or tea, make it black.

Confirmation

Onsite Screening
Date/Time: Apr 15, 2014 7:00 AM (CDT)
Company/Site: ANDREW JACKSON STATE OFFICE BLD
37243, USA

Preparation

Add Appt. to Your Calendar

Step 1

To add an appointment reminder

Remember to Fast



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After the Screening

After the Screening



*Review your results with an onsite health care professional.

After the Screening

After the Screening



*Review your results with an onsite health care professional.

Registration Complete

Change your mind? [Reschedule](#) [Cancel](#)

Registration Complete

Change your mind? [Reschedule](#) [Cancel](#)

Onsite Screening – Calendar Reminder

Health Screening with Onsite Health Diagnostics - Appointment

File Appointment Insert Format Text Review

Save & Close Delete Calendar Forward OneNote Appointment Scheduling Assistant Invite Attendees Show As: Busy Reminder: None Recurrence Time Zones Categorize Private High Importance Low Importance Tags Zoom Zoom

Adjacent to another appointment on your Calendar.

Subject: Health Screening with Onsite Health Diagnostics

Location: Andrew Jackson State Office Bldg (Nashville)

Start time: Tue 4/15/2014 7:15 AM ☐ All day event

End time: Tue 4/15/2014 7:30 AM

Onsite Screening at Andrew Jackson State Office Bldg
500 Deaderick Street, Nashville, TN 37243, USA

Onsite Screening – Registration Complete

Preparation

Add Appt. to Your Calendar

Step 1

To add an appointment reminder to your calendar click here.

Remember to Fast



*Remember to fast 9 hours prior to your appointment. Drink plenty of water, and if you choose to have coffee or tea, make it black.

Confirmation

Onsite Screening
Date/Time: Apr 15, 2014 7:00 AM (CDT)
Company/Site: ANDREW JACKSON STATE OFFICE BLD
37243, USA

Preparation

Add Appt. to Your Calendar

Step 1

To add an appointment reminder

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After the Screening

After the Screening



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After the Screening

After the Screening



*Review your results with an onsite health care professional.

Registration Complete

Change your mind? [Reschedule](#) [Cancel](#)

Registration Complete

Change your mind? [Reschedule](#) [Cancel](#)

Onsite Screening - Registration Complete



MANAGE MY SCREENING

LOG OUT

MANAGE YOUR HEALTH SCREENING

Choose only ONE option below



Physician Screening Form

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[Change to This Option](#)



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☒ **Selected**

[Cancel](#) | [Reschedule](#)

Your Choice

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2. Fill out the registration form again

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Complete & Submit the Form

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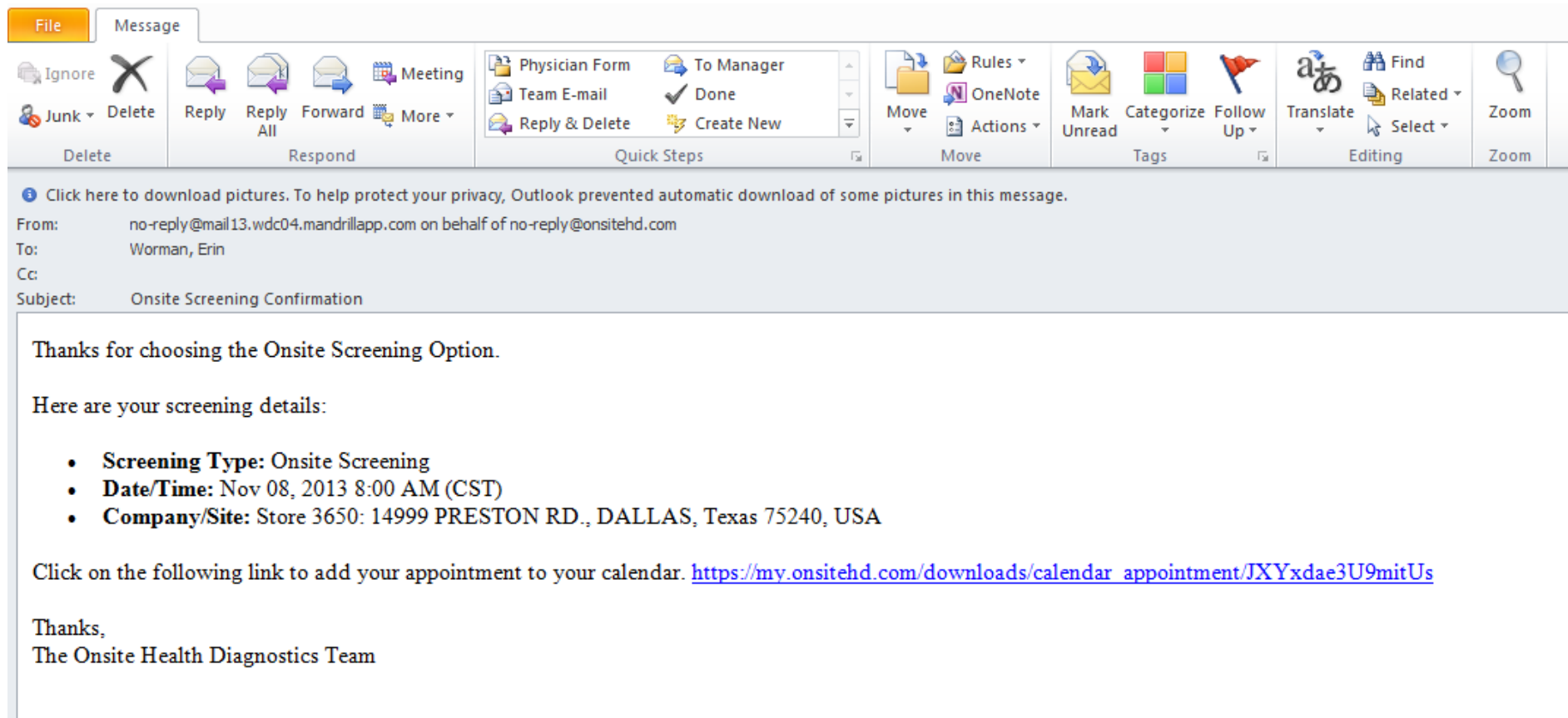
Remember to Fast

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Make Sure Your Form is Submitted

*You or your doctor must fax the completed form to 1.214.263.6395. Make sure all form fields are completed. Incomplete forms will not be processed.

Onsite Screening - Confirmation Email



The screenshot shows an Outlook email window. The top ribbon has tabs for 'File' and 'Message'. The 'Message' tab is active, showing various action buttons like Ignore, Delete, Reply, Reply All, Forward, Meeting, and More. Below the ribbon, there's a section for 'Quick Steps' with options like Physician Form, Team E-mail, Reply & Delete, To Manager, Done, and Create New. To the right, there are sections for 'Move' (Move, Rules, OneNote, Actions), 'Mark Unread', 'Categorize', 'Follow Up', 'Translate', 'Find', 'Related', 'Select', and 'Zoom'. The email header shows the following details:

From: no-reply@mail13.wdc04.mandrillapp.com on behalf of no-reply@onsitehd.com
To: Worman, Erin
Cc:
Subject: Onsite Screening Confirmation

The email body contains the following text:

Thanks for choosing the Onsite Screening Option.

Here are your screening details:

- **Screening Type:** Onsite Screening
- **Date/Time:** Nov 08, 2013 8:00 AM (CST)
- **Company/Site:** Store 3650: 14999 PRESTON RD., DALLAS, Texas 75240, USA

Click on the following link to add your appointment to your calendar: https://my.onsitehd.com/downloads/calendar_appointment/JXYxdae3U9mitUs

Thanks,
The Onsite Health Diagnostics Team

Onsite Screening - Confirmation Page – Reschedule

Preparation

Add Appt. to Your Calendar

Step
1

To add an appointment reminder to your calendar click here.

Remember to Fast



*Remember to fast 9 hours prior to your appointment. Drink plenty of water, and if you choose to have coffee or tea, make it black.

Confirmation

Onsite Screening
Date/Time: Apr 15, 2014 7:00 AM (CDT)
Company/Site: ANDREW JACKSON STATE OFFICE BLDG
37243, USA

Preparation

Add Appt. to Your Calendar

Step
1

To add an appointment reminder

Remember to Fast



*Remember to fast 9 hours prior to your appointment. Drink tea, make it black.

After the Screening

After the Screening



*Review your results with an onsite health care professional.

After the Screening

After the Screening



*Review your results with an onsite health care professional.

Registration Complete

Change your mind? [Reschedule](#) | [Cancel](#)

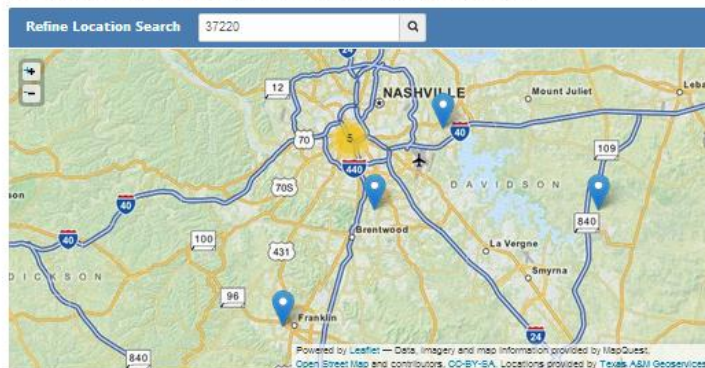
Registration Complete

Change your mind? [Reschedule](#) | [Cancel](#)

Onsite Screening - Reschedule

Find a Screening Location Near You:

Enter your preferred zip code below. Use the zoom function below to adjust the map as needed.



Map Legend

-  = 1 screening location
 -  = cluster of screening locations
- *Click to zoom & see individual locations

Looking for Help?



1-888-741-3390

Choose Option 1 to speak to a Customer Service Representative

Pick A Date & Time

Andrew Jackson State Office Bldg

Apr 15, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	more times
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Dept Of Agriculture - Ellington AG Center

Apr 16, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	more times
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Dept of Children's Services

Apr 17, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	more times
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Legislative Plaza

Apr 18, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	more times
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Middle TN Mental Health

Apr 18, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	more times
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Nashville State Community College

Apr 18, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	more times
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Parkway Towers

Apr 19, 2014	7:00 am	7:15 am	7:30 am	7:45 am	8:00 am	more times
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More Locations

Onsite Screening - Confirmation Page - Cancel

Preparation

Add Appt. to Your Calendar

Step 1

To add an appointment reminder to your calendar click here.

Remember to Fast



*Remember to fast 9 hours prior to your appointment. Drink plenty of water, and if you choose to have coffee or tea, make it black.

Confirmation

Onsite Screening
Date/Time: Apr 15, 2014 7:00 AM (CDT)
Company/Site: ANDREW JACKSON STATE OFFICE BLD
37243, USA

Preparation

Add Appt. to Your Calendar

Step 1

To add an appointment reminder

Remember to Fast



*Remember to fast 9 hours prior to your appointment. Drink tea, make it black.

After the Screening

After the Screening



*Review your results with an onsite health care professional.

After the Screening

After the Screening



*Review your results with an onsite health care professional.

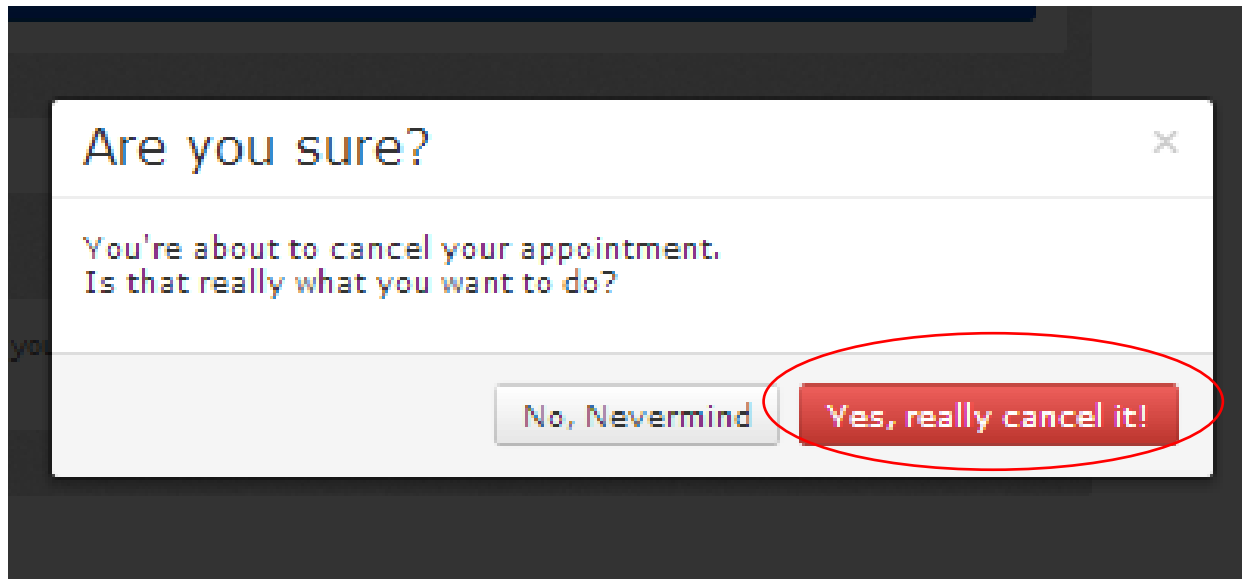
Registration Complete

Change your mind? [Reschedule](#) | [Cancel](#)




Registration Complete

Change your mind? [Reschedule](#) | [Cancel](#)

Onsite Screening - Cancellation




Screening Options






[REGISTER FOR A SCREENING](#)
[LOG OUT](#)

REGISTER FOR A HEALTH SCREENING

Choose only ONE option below






Physician Screening Form

Screening results accepted from a doctor's visit between July 16, 2013, and July 15, 2014.

[Download Your Form Now](#)




Onsite Screening

Woridsite screenings are taking place February 1 – July 15, 2014 across the state. Register for yours today.


[Choose Screening](#)

Screening Option Tips:		
	Print form. Measure and record your waist circumference on the form.	Select a screening location, time and date.
	Fast 9 hours before your doctor's appt.	Fast for 9 hours before your screening appt. time.
	Take the form to your appt.	Arrive to your screening appt. time 15 minutes early.
	Tell your doctor that all form fields must be completed. Incomplete forms will not be processed.	Review results with an onsite health care professional.
	Make sure you and your doctor sign the completed form.	Onsite screening results will be sent to Healthways.
	You or your doctor must fax the completed form to 1.214.203.0395	



Your Partnership Promise

If you or your covered spouse fail to fulfill any requirement of the 2014 Partnership Promise, you and your dependents will be transferred to the Standard PPO in 2015. In 2014, all Partnership PPO members must complete a biometric screening by July 15, 2014. [Click here to view the 2014 Partnership Promise](#).



Looking for Help?

1-888-741-3390

Choose Option 1 to speak to a Customer Service Representative